

Waiver Request to Operate the Summer Food Service Program (SFSP) During H1N1-Related School Closures

Sponsor Name: _____ CTD: _____
Sponsor Contact/Title: _____
Telephone Number: _____

Please confirm that the following requirements are met and check each corresponding box. Attach this request to the documents requested and submit (*originals only*) to: SFSP Coordinator, Arizona Department of Education, 1535 W. Jefferson St., BIN #7, Phoenix, AZ 85007.

- ☐ Food Program Permanent Service Agreement (FPPSA), which includes the Summer Food Service Program (SFSP) with ADE.
- ☐ At least one representative of the sponsor has access to SFSP on Common Logon/CNP Web.
SFSP User: _____ (write the representative's name who has access to SFSP)
- ☐ Attach, *on school/organization letterhead*, a list of the schools and their corresponding percentages of enrolled free/reduced-price eligible students that operate the National School Lunch Program (NSLP) and would participate in the event of an H1N1-related closure.
- ☐ Attach, *on school/organization letterhead*, a detailed explanation of all of the following questions.

1. After the declaration of a public health emergency and school closure, when would SFSP meal service start?
2. Describe the meal distribution method(s) that will be used and how the program will target the children enrolled in the closed school(s). See SFSP CN memo #04-09 for meal distribution suggestions.
3. If "pick up" is the method of meal distribution used, describe how the distribution site will verify that the parent/caregiver picking up meals has a child enrolled in the closed school(s).
4. Provide the name, address, and contact information for each meal preparation site.
5. Describe how food safety requirements will be met including maintaining food at proper temperatures.
6. If the closed school has less than 50 percent free or reduced-price eligible children enrolled, describe how the meal distribution will target low-income children, including children that may not have free or reduced-price eligibility information readily available (i.e. children new to the school).
7. Describe how the SFSP meal service operations will be communicated to the families of children enrolled in a closed school.
8. Describe how proper operation of the SFSP (including production records, meal content, meal counts, oversight, etc.) will be ensured.
9. Describe any additional changes to the standard meal service operations that will be necessary when serving meals during an H1N1-related school closure. (This may include issues of personnel and staffing, availability of suppliers, procurement requirements, and any limitations imposed by current contracts, etc.)

Sponsor Signature: _____ Date: _____

FOR ADE USE ONLY

Approved: _____ Date: _____